6 1 2	Items 18&21 Film 380 8-2 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12068	
HEALTH DEPT	1. PLACE OF DEATH O. COUNTY D. CITY OR TOWN (If outside corporate limits, O. LENGTH OF, STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)	The state of the s
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This certificate should be executed within 24 hours ofter death, icate, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office olong with fide used as a burial-transit permit. File pages I one with the Statut to burial, cremation, or removal, and in any event within 72 harms.	YS. WAS DETERATED EVER IN U.S. ARMED FORCES? (Yes, no, or ynknown) (If yes give wor or dotes of service) 578-30-4760 17. INFORMANT Loyd D. Sweet May My May Sylvent S	Md. 144
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MEDT please direct retaine DIREC ts desi	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER LI	TE SIGNED
TO DEPUTY MEDICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designoted age	EXAMINER'S THOMAS J. ROBERTS DEPUTY MEDICAL EXAMINER & Ocean City & Address (Street, city, town, or county)	-66
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1	Item 18 Film 380 9-6-66 a:MARYLAND STATE DEPARTMENT	OF HEALTH
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FOR STATE	12073 MEDICAL EXAMINER'S CERTIFICA	12069
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dea vith	3. NAME OF DECEASED (Type or print) Louis Alex Jander Brown	4. DATE Month S Day Year 19 C 6
after dec 8. Give P alang wit with the S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
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4 haur I frem 5 Office 1 and 2 7 even	during most of working life, even if retired)	E (Stote or foreign country) 1 ti h ore, m.d 12. CITIZEN OF WHAT COUNTRY? 254
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This certificate shauld be executed within 24 haurs after death. ficate, writing the ward "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with the factor of the used as a burial-transit permit. File pages land with the Stot or to burial, cremation, or remaval, and in any event within 12 has a burial.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) No. 17. INFORMANT From 3	L. Brown Lucrssen (sister)
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LEDICAL EX ease executive irector. Page ained far your likeCTOR: Page designated	death resulted fram: Natural causes , Accident, Suicide , Ho	micide , Undetermined manner
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ny, ple ry, ple eral d be ret be ret ar its	M.J.	MEDICAL EXAMINER OCE AN CITY 8-25-66
TO DEPUTY MEDICAL EXA necessary, please execute the funeral director. Page 5 may be retained far you TO FUNERAL DIRECTOR: Page Health ar its designated a	NAME (Type) 1 HOM 145 / A ROBERTS Address	s (Street, city, town, or county)
To the the	230. BURIAL, CREMATION, REMOVAL (Specify) 8-29-1966 Parkwood Cemetery 8-29-1966 Parkwood Cemetery	23d. LOCATION (City or Town) (County) (Stote) Bal timore
		o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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5 days Baltimore 4111 topler like Louis Alexander Brown B 25 X Jun 17, 1881 72 mil. STANDARD ON 13:11. more, 1200 STATE OF THE James Callemer Bown Mary Filamon Leefort Addices French forens Ludesyon (south

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12074 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death. completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland Worcester MARYLAND Worcester c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) Snow Hill Snow Hill e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 00 103 N. Church St. 103 N. Church St. YES NO 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED Lucile Collins 66 lave cart (Type or print) DEATH 19 August 9. AGE (In years last birthday) IF UNDER | YEAR S. SEX IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days Hours Female White WIDOWED Feb. 21. 1880 DIVORCED and rem 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired)
Music Teacher INDUSTRY COUNTRY? en please Piano Snow Hill. Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas H. Collins Mollie Benson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 212/107561 Howard Collins. Snow Hill. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause T. DOUTC. last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS)
PERFORMED? CERTIFICATION Health NO YES 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, affice blda., etc.) ATTENDING ot wark at wark 190 (ethat (I) (we) last M, from causes and on the date stoted above sow the deceased alive an_ 22a, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) shauld 23b. DATE THEREOF 23d. LOCATION (City ar Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify 8/25/66 Snow Hill, Maryland All Hallows Episcapal 24. FUNERAL DIRECTOR BY REGISTRAR REGISTRAR'S SIGNATURE Charley VR A15 (4) 20 M 1/66 19 Snow Hill. Maryland

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FOR STATE		1207	6	MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH	12	072
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INER: This certificate should be executed within 24 hours ofter death. If a secretificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart, prior to burial, crematian, or removal, and in any event, within 72 hours of		18. CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY:						NTERVAL BETWEEN ONSET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	FOR STATE	12079 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 120	75
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death. campletely filled in by the funeral lave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COLINTY Se remave carban papers. Pages 1 d in any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits CLENGTH OF STAY IN 16 write RURAL and give negrest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS West St RSING NO 3. NAME OF 4. DATE First Lost Manth Day Year DECEASED 0 DMAI 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED В. bigthday) Months Haurs TX WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remova GR ARLDT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, pr unknown) (If yes give waf or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending far use as the last. 19. WAS AUTOPSY PERFORMED? FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) with the State Dept. af Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) Haur a.m. foctory, street, affice bldg., etc.) Nat While 19 at wark at work 21. I certify that (I) (this haspital) attended the deceased from 19___, that (I) (we) last M, from causes and an the date stated above. saw the deceased alive an 19 and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 6-R EED 0 www 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 25b. VR A15 (4) 20 M 1/66 1966

10,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
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	VISC MICHA 1 213-42-6513 MRS. HAROLD HARY	on Buscint
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	saw the deceased alive on 320-0 CD ,, and that death occurred aloo M, from the causes a	
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	Clefford E. Sold M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIG
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24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
1	Anna A Burbaca Berlin Md DATE AUG 29 1966	Jarles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Maryland b. COUNTY Worcester after the MARYLAND Howard by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours hours Ocean City = Ellicott City bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 13th St. Bo Conn Motel NOA Church YES Rd. completely i within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, William IF UNDER 1 YEAR IF UNDER 24 HRS. (Type or print) DEATH Lee Hood August executed AGE (th years | IF UNDER | last birthday) | Months 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. 7. MARRIED W NEVER MARRIED Davs Hours any and male white WIDOWED J DIVORCED Feb 8 1896 70 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please certificate be INDUSTRY COUNTRY? ease self employed merchant Marvland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frank Hood Rachel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. Ir to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) W 1 215 07 8922 Mrs Ida Hood Church Rd. Ellicott Ves City, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO mell + Coronary schoon Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate had be detached for use State Dept. of Health p for use Health PERFORMED? NO DA YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State be retained by at work at work ___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 30 AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) E. O. BOX B 23b. DATE THEREOF WILL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 2 Ellicott City, Md. St Johns ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ginbothom Elifeott City, Md. lange Oly VR A15 (4) 15M 4-64

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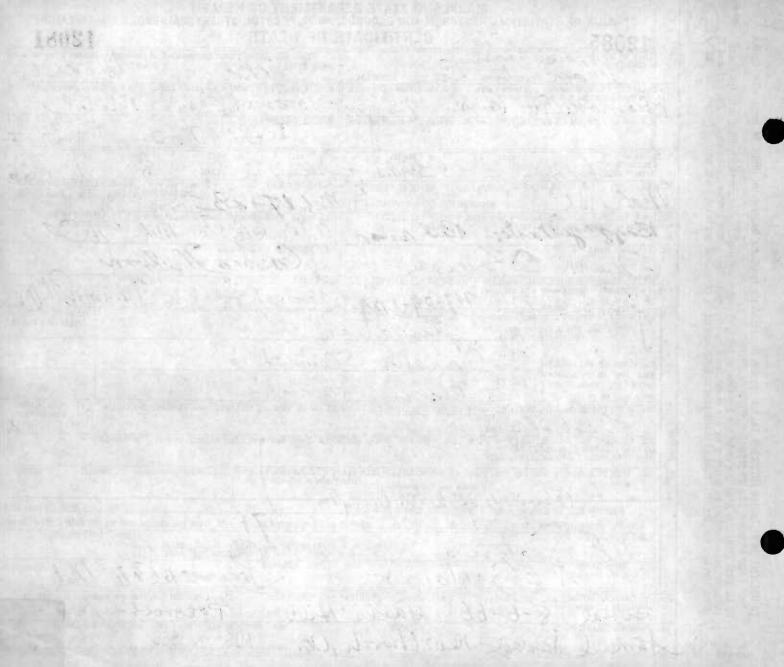
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12083 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest fown)

OCEPHUS C. 46 1 week e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e State Dep 72 hours o Give Pages 1, YES NO DO 3. NAME OF Month Year Herbert DECEASED 1966 (Type ar print) within with 1 S. SEX 6. COLOR OR RACE AGE (In years NEVER MARRIED last birthday) Days WIDOWED DIVORCED be executed within 24 hours 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country COUNTRY S A during mast of working life, even if retired). 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. ansit permit. ar removal, (Yes, na, ar unknawn) (If yes give war or dates af service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: massin IMMEDIATE CAUSE (a) certificate shauld crematian, DUE TO 15 Sufficience Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? NO S YES the certificate 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF URRED. (Enter nature of injury in Part I or Part II of item agent, prior PRIMARY CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page 1966 at work at work 21. I certify that I taok charge of the remains described above, held an Autapsy \(\preceq\). Inspection | Inquiry [and in my opinian the funeral directar. death resulted from: / Natural causes Accident -Swicide [Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 0 REMOVAL (Specify)
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ould word he Cl ial-tr		Conditions, if ony	DUE TO		Coronary occl	usion, ac	ute		I	2 yrs.
MEXAL EXAMINER: This certificate should be executed within 24 pleose execute the certificate, writing the word "pending" in pencil in director. Page 4 should be forwarded to the Chief Medical Examiner's retained for your files. **DIRECTOR: Page 3 should be used as a burial-transit permit. File frees its designated agent, prior to burial, cremation, or removal, and in any		rise to immediat stoting the unde	e cause (a),		A,D,O,V,D,					~ 910.
certifi writir orword used a buriol,		PART II OTHER SI		RIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	Ti	9. WAS AUTOPSY
This cate, ye for be us	2	Phlebo	thrombosis	, chi	ronic, legs					PERFORMED? YES NO
MINER: Thi the certificated a should be ur files.		Phlebo 20g. EXTERNAL CA PRIMARY Gr COI CAUSE OF DEATH.	NTRIBUTING	20b. DES	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury i	n Part I or Part	Il of item 18.)		
Y MEACAL EXAMINER: This please execute the certificate, all director. Page 4 should be fretoined for your files. L DIRECTOR: Page 3 should be its designated agent, prior to		20c. TIME OF INJU Hour o.r	10	20d. IN While at wark		E OF INJURY (Hame, fa iry, street, affice bldg., et	rm, 20f.	(City ar tawn)	(County)	(State)
AL EXAM execute th r. Page 4 for your rOR: Page		21. 1 certif		f the rem	nains described abave, hel			an 🛣, 🛮 Inqui	ry 🔲, ar	nd in my apinian
se ey crtor. ned ECTC		death result	ted fram: Natural co	auses], Accident [], Suici	de 🔲, Hamicid		ndetermined ma	nner 🗌	
		ACTUAL SIGNATURE	- Altaur	sul	25/2	CHIEF MEDICA M.D. ASSISTANT MI	EDICAL EXAMINE	ir 🗌		22. DATE SIGNED
no DEPUTY MESCAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	2	EVAMINED'S	Frank J. To	ownse	end, Jr., M.	DEPUTY MEDI		Aug.	1, 19	966
TO D nece the 5 mi		23a. BURIAL, CREMATIC REMOVAL (Specify	1	F	23c. NAME OF CEMETERY OR C		23d. LO	CATION (City or Tow		
	1	24 AUNERAL DIRECTO	0		Arling ton	Natl Cem	CD BY REGISTR	AR TO TO REC	Virg	LURF
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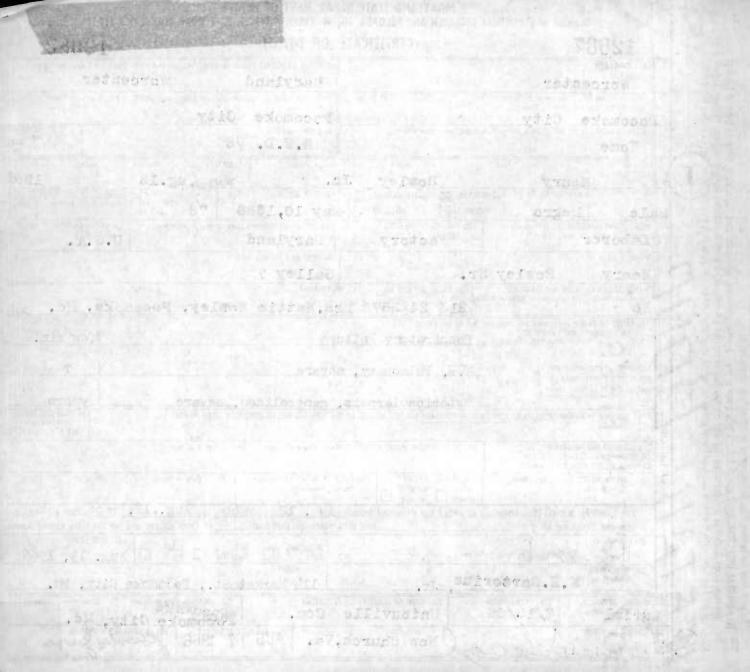
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET A	rest town)
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18 CAUSE OF DEATH [Enter only one cause per fixe for (6), and (6).	BETWEEN ND DEATH
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gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c) Mcen Storach	AUTODOV
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at wor	(State)
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arteries M.D. ATTENDING MED. STAFF PHYS.	/
22c. PHYS/CIAN'S NAME (Type) 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
23a. Burial, cremation, 23b. Date thereof 23c. Name of cemetery or crematory Potomole, and Potomole, and	(State)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) Strongel Savage - New Church, CG, DATE AUG 8 1866 glander &	E



1 (M	Items 18-21 Film 380 9-16MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12082
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d within 24 hours ofter death. If in pencil in Item 18. Give Pages 1, Exominer's Office olong with farm in pages land 2 with the State Death in ony event within 72 hours	during first of working life, even if retired) INDUSTRY UAS MINSTON DC COUNTRY A 13. FATHER'S NAME RUCWORTHY LILIAN SCHNIEDER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT TRUNCHS 11906 APPENDED TO COMPANY TRUNCHS 11906 APPENDED TO COMPAN
icote should mg the word ded to the Cl os o buriol-tra o, cremotion,	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
his certifice ate, writing ate, writing the forwarde be used os to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH Drowned in Ocean
INER: ne certifi should files. 3 should sint, pria	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL EXA pleose execute director. Poge estained for you DIRECTOR: Pog its designated at the position of the	Hour o.m. 11 NoT While Not While of work Ocean
TO DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained for TO FUNERAL DIRECTO Health or its designor	EXAMINER'S NAME (Type) F. J. TO WASE NAME OF CEMETERY OF CREMATORY 230. BURIAL, CREMATION, REMOVAL Specify) 9 31 6 CEDAR HILL SUIT AND MAKE (County) (Stote) 231 6 CEDAR HILL SUIT AND MAKE WILL DEPUTY MEDICAL EXAMINER CONTROL OF COUNTY) (County) (Stote) 230. BURIAL, CREMATION, REMOVAL Specify) 9 31 6 CEDAR HILL SUIT AND MAKE WILL DEPUTY MEDICAL EXAMINER COUNTY) (County) (Stote)
VR A15ME (5)	24. FUNERAL DIRECTOR A Bubye Bulin Md 250. REC'D BY REGISTRAR 1966 Plus Signature Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Worcester traffyland wordester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. City Pocomoke Pocomoke Pocomoke City
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in papers. R.F.D. #2 Home NO IX NAME OF Middle 4 DATE attending physician and cumpressy opermit. Then please remave carban First Lost Doy DECEASED Rowley Jr. DEATH Aug. 12 19 19 66 Henry (Type or print) and in any event AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Months Doys May 10.1888 Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) U COUNTRY? INDERRYCTORY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remayal, Rowley Sr. Salley ? Henry 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war or dates of service) 213 24 2670 Mrs. Hattie Rowley, Pocomoke, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit TONSET AND DEATH Respiratory Failure IMMEDIATE CAUSE (a). signed by DUF TO burial, Conditions, if any, which gave T.B. Pulmonary, severe rise to immediate cause (a). DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending has been as the vears Arteriosclerosis, generalized, severa WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. Not While foctory, street, office bldg., etc.) at wark at wark 19 66 to Aug. 12, 19 66 that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from Aug. 12 directar, page 3 shauld should be filed with the 19 ____, and that death occurred at_ M. from couses and on the date stated above. sow the deceased olive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. Aug. 13, 1966 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) N.E. Sartorius 11h Market St. Pocomoke City, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, 8/15/66 REMOVAL (5) ecify) Unionville Cem. Focomoke New Church, Va. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY. o. STATE b. COUNTY MARYLAND OR CESTER c. LENGTH OF STAY IN 1b c. CITY OR TOWN Aff outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate ligaits, write RURAL and give neorest town IS RESIDENCE ON A FARM? physician and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO int, with NAME OF Middle 4. DATE Lost Month Day Year DECEASED DEATH 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In veors 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH remove Manths Days Hours WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of warking life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, oranknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p 50NSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac degeneration IMMEDIATE CAUSE (o). DUE TO Arteriosclerotic Cardiovascular Disease Several Canditians, if any, which gove rise to immediate couse (a). DUF TO years stating the underlying couse hospital ar attending O FUNERAL DIRECTOR: After this certificate has been the lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? use Parkinsonism; Chronic Genito-urinary Tract Infection NO F YES [for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Not While ot wark 21. I certify that (I) (this haspital) attended the deceased framthat (I) (last 4/23/58 ta be retained and that death occurred at 4 P M, from causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 8/9/66 22o. SIGNATURE ATTENDING X DIRECTOR PHYS ADDRESS PP 22c. PHYSICIAN'S 22d. Sully, Box 126, Berlin, Md. Ivory U. MD 0. NAME (Type) directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION REMOVAL (Specify) 23b DATE THEREO 23d. LOCATION (City or Town) (County) (Stote) REGISTRAR'S SIGNATURE 14. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1866 VR A15 (4)

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